

**ALABAMA DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HOME AND COMMUNITY SERVICES**

**YEARLY REQUIRED IN-SERVICE TRAINING RECORD**

I, \_\_\_\_\_ verify that I have received a review of the following information:

1. Fire and Safety Management
2. Emergency Disaster Preparedness
3. Body Mechanics
4. Hazard Communication
5. Medical Device Reporting

\_\_\_\_\_  
Date

I, \_\_\_\_\_ verify that I have received a review of Infection Control/OSHA Bloodborne Pathogen Standard.

\_\_\_\_\_  
Date

I was provided the opportunity to ask questions.

\_\_\_\_\_  
Employee's Name (Print)                      Job Title

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Trainer/Supervisor Signature

**\*Place in Section Two of the Personnel File**